

## **Application Data Sheet**

08/02/06  
PAP20 Rec'd PCT/PTO 02 AUG 2006

### **Application Information**

|                                  |   |
|----------------------------------|---|
| Application number::             | TBA   |
| Filing Date::                    | August 2, 2006  |
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested classification::       |   |
| Suggested Group Art Unit::       |   |
| CD-ROM or CD-R?::                | NONE  |
| Number of CD disks::             |   |
| Number of copies of CDs::        |   |
| Sequence submission?::           | YES   |
| Computer Readable Form (CRF)?::  | YES   |
| Number of copies of CRF::        | 1   |
| Title::                          | DIAGNOSTICS AND THERAPEUTICS<br>FOR DISEASES ASSOCIATED WITH<br>PUTATIVE CYSTEINE PROTEASE 1 (PRS1) |
| Attorney Docket Number::         | 004974.01212  |
| Request for Early Publication?:: | NO  |
| Request for Non-Publication?::   | NO  |
| Suggested Drawing Figure::       |   |
| Total Drawing Sheets::           | 2   |
| Small Entity?::                  | NO  |
| Latin name::                     |   |
| Variety denomination name::      |   |
| Petition included?::             | NO  |
| Petition Type::                  |   |
| Licensed US Govt. Agency::       |   |
| Contract or Grant Numbers::      |   |
| Secrecy Order in Parent Appl.?:: | NO  |

## **Applicant Information**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Stefan  
Family Name:: GOLZ  
City of Residence:: Essen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Bückmannsmühle 46  
City of mailing address:: Essen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Ulf  
Family Name:: BRÜGGEMEIER  
City of Residence:: Leichlingen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Leysiefen 20  
City of mailing address:: Leichlingen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Family Name:: GEERTS  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schucherstrasse 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Holger  
Family Name:: SUMMER  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Katernberger Schulweg 3  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

|   |                       |
|---|-----------------------|
| Applicant Authority Type::              | Inventor              |
| Primary Citizenship Country::           | DE                    |
| Status::                                | Full Capacity         |
| Given Name::                            | Ralf                  |
| Family Name::                           | THIELE                |
| City of Residence::                     | Borchen               |
| State or Province of Residence::        |                       |
| Country of Residence::                  | DE                    |
| Street of mailing address::             | Ebbinghauser Str. 13, |
| City of mailing address::               | Borchen               |
| State or Province of mailing address::  |                       |
| Country of mailing address::            | DE                    |
| Postal or Zip Code of mailing address:: | 33178                 |

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

## Domestic Priority Information

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/EP2005/000610    | 22 January 2005      |
|                  |                   |                      |                      |
|                  |                   |                      |                      |
|                  |                   |                      |                      |

## Foreign Priority Information

| Country:: | Application number:: | Filing Date::    | Priority Claimed:: |
|-----------|----------------------|------------------|--------------------|
| Europe    | 04002291.5           | 03 February 2004 | Yes                |
|           |                      |                  |                    |
|           |                      |                  |                    |

## Assignee Information

Assignee name:: BAYER HEALTHCARE AG  
Street of mailing address::  
City of mailing address:: Leverkusen  
State or Province of mailing address::  
Country of mailing address:: GERMANY  
Postal or Zip Code of mailing address:: 51368